



## **Prohip- e-Health in The Oresund Region**

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*Publication date:*  
2013

*Citation for published version (APA):*  
Hørdam, B. (2013, Apr). Prohip- e-Health in The Oresund Region.

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# New Technology: Prohip – e-health across The Oresund

BOOK · MARCH 2013

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# Prohip – health across The Oresund



Our thanks to The European Regional Development Fund for their support which made the project possible









Project Manager Britta Hørdam, Head of Research

In 2009, University College Zealand took the initiative to establish collaboration between the orthopaedic surgery departments in Region Zealand and Region Skåne. The collaboration was entitled: *Development of the competencies of healthcare professionals in the Oresund region with respect to health promotion and the rehabilitation of patients after hip surgery.*

In keeping with this initiative, an application was submitted to the EU Interreg IV programme. The application was approved in January 2010 and the project was launched in April 2010. The name of the project is Prohip.

The project is based on the idea that the regions of Zealand and Skåne will in the future form a cultural, business, developmental and educational entity. The project seeks to bind the two regions closer together by integrating specific public healthcare services by means of e-based service solutions.

As an attractive workplace in the healthcare sector, the Oresund region is best promoted among healthcare professionals by offering a better platform for job search and by jointly developing high-quality healthcare services to citizens across the region.

In principle, EU citizens have a free choice of hospital, but in practice this is not yet a firm offer. The project will open up for online information about opportunities across the Oresund region, with the primary source of information being a website in Danish, Swedish and English.

The development of clinical procedures by healthcare professionals will lead to a common platform for rehabilitation offers to citizens. In keeping with EU regulations, the collaboration will be of an inter-regional nature, a new, valuable and unique collaboration model that will expand the collaboration opportunities of healthcare professionals in the Oresund region.

The Prohip project is a collaboration between Skåne University Hospital in Lund, and Næstved Hospital and Slagelse Hospital in Region Zealand, as well as University College Zealand (UCSJ). The project will support the competence development of healthcare professionals in clinical practice with respect to the rehabilitation and health promotion of citizens after hip surgery. In Region Skåne, the focus is on the development of the staff's competencies within quality surveillance and on further education at academic level. In Region Zealand, the focus is on patient involvement and influence, as well as the development and qualification of the basic education of healthcare professionals.

This enhancement of competencies must be translated into specific quality development for the benefit of patients, relatives and healthcare professionals.

The most recent knowledge will be gathered as an e-health concept on the website: [www.prohip.eu](http://www.prohip.eu)

Project Manager  
Britta Hørdam  
Head of Research





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# Better quality of life


Prohip should be viewed as a valuable and user-driven approach to healthcare – a supplement to personal contact



# Hälsotrappa



● Hälsöfrämjande sjukhus

 Skånes universitetssjukhus

# Better quality of life for patients

Thousands of citizens live with hip disorders every day. In Denmark, hip fractures are the **cause** of more than 12,000 operations every year, and close to 8,000 people have a hip replacement due to osteoarthritis.

Each year in Sweden about 18,000 citizens fracture their hip. Almost 16,000 have a total hip replacement due to osteoarthritis.

In both Denmark and Sweden there are more female than male hip patients. One of the main causes of hip fracture is osteoporosis.

Thanks to Prohip, many of these patients can look forward to a better planned treatment and rehabilitation programme.

## **Closer to the patient**

During the entire process, the patient's need for welfare-technological solutions has been pivotal to the work in Prohip. How can we assist the patients so that the treatment of hip fractures is more comprehensible and manageable for the many people undergoing hip fracture surgery every year?

The fact is that the patient's experience of the treatment is improved if she is better prepared for what can and will happen – both in respect to surgery and rehabilitation.

People undergoing hip replacement usually have osteoarthritis, which can be very painful and significantly reduce the quality of life. Prohip utilises the research knowledge accumulated over the past ten years regarding hip surgery in order to improve the rate of patient recovery.

Research shows that patients recover faster if they are not away from home for too long. If the hospital stay is too long, patients are at risk of becoming passive. Therefore, carers should go to the patient's home and the patient should only stay in hospital as long as necessary for the surgery.

The Prohip e-health concept should be viewed as a valuable and user-driven approach to healthcare – a supplement to the personal contact between the hospital on the one hand and the patient and relatives on the other.





# Theory and practice

The inspiration from Skåne has played a key role in the treatment of hip patients





Niels Pedersen, Senior Nursing Officer at the  
hospitals in Slagelse and Næstved

# The gap between theory and practice has been narrowed

“It was the first time I participated in an international project. And hopefully it won’t be the last.”

Niels Pedersen, Senior Nursing Officer at the hospitals in Næstved and Slagelse, has been involved in Prohip for the last three years. In his view, the competence development resulting from the project has left clear marks:

“Firstly, the project has contributed to developing the ability of those directly involved – and there have been many – to take an evidence-based approach to their work. How do we search the literature? How do we assess the literature found and how do we communicate the knowledge gained?”

“The nurses have become accustomed to working systematically with the collection of data to supplement the experience-based knowledge. They have learned to think analytically and have experienced a valuable professional boost.”

“Secondly, the project has contributed to the transfer of knowledge to the rest of the staff. It is a key factor that

Prohip has not just provided those directly involved in the project with new knowledge – everybody has been involved somehow. Today, the nursing staff undoubtedly knows much more about the five focus areas than they did before.”

Niels Pedersen sees great opportunities and a need for continuing to address the focus areas in the development of genuine clinical guidelines:

“We didn’t have enough time to prepare guidelines in this phase of the project, but now we have the data material needed to develop clinical guidelines during the next phase.”

## **Inspiration from Skåne**

The inspiration from Skåne played a key role for the enhancement of the quality of hip patient treatment, says Niels Pedersen.

“Through the collaboration with the project participants from Lund, we learned that in Sweden the time from hip fracture to treatment is very short. Treatment is initiated in the ambulance, and 90% undergo surgery within 24

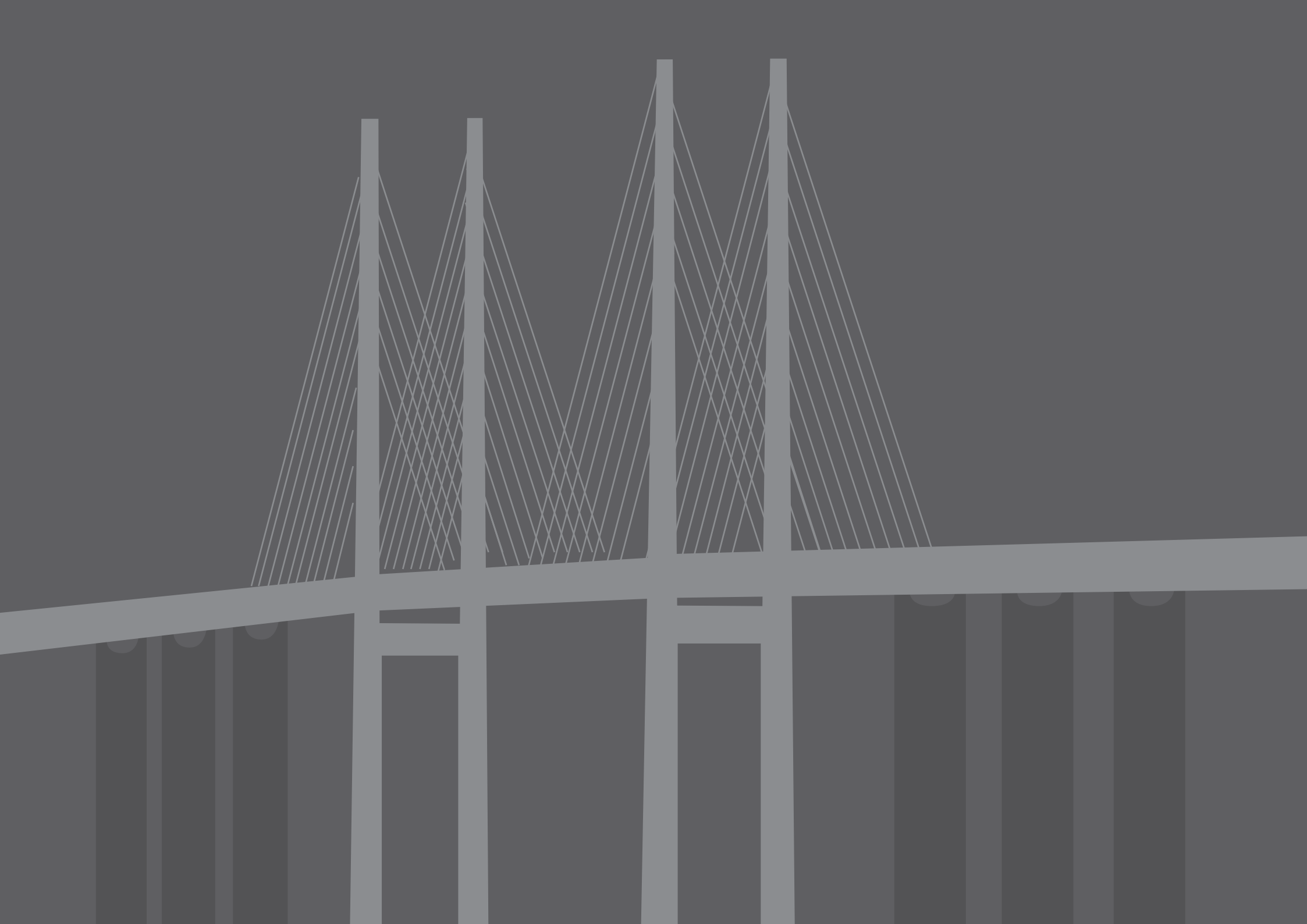
hours. At Slagelse Hospital we are now close to 98%, which is the highest rate in Denmark. However, we want to make it even better, and with the experience from Sweden, we know that it is feasible.” A shorter time from accident to surgery is also the most likely explanation for the decrease in the number of confused patients at the department at Slagelse Hospital; and confusion was one of the focus areas of the project.

At Næstved Hospital, the project has led to an increased focus on the significance of nutrition for the rehabilitation of hip replacement patients.

## **Quick lift of competence**

Niels Pedersen is convinced that Prohip has led to an enhancement of competence in an extremely short time:

“To put it popularly: never have so many learned so much in such a short time. In addition, relations between the educational institution and the hospitals have been strengthened. As a consequence, several project participants are now involved in teaching at University College Zealand. The gap between theory and practice has been narrowed.”





# Together we come up with the best ideas

They have grown – as  
nurses and as people









# They have grown – as nurses and as people

The benefits of Prohip have been multiple. According to the Swedish project manager, Ami Hommel, the biggest benefit was to see her employees grow as nurses and as people:

“They take a much more critical approach than previously, and they have established an international network – not only in Denmark but also across Europe and in the USA and Canada.”

Ami Hommel, Nurse Heléne Månsson, Nurse Åsa Loodin and Annicka Westrin, Department Manager in Region Skåne, have played a key role in the Danish-Swedish project. The four of them agree that it has been a rewarding process.

Annicka Westrin:

“As a representative of the region, I must say that the integration work is extremely important; that we don’t just keep to ourselves. We should all aim to do things better in the future; that is why collaboration and the ability to share experience are so important.”

Åsa Loodin and Heléne Månsson feel that they have both learned something new and realised that their way of doing certain things was right. However, collaboration is also a matter of resources, says Åsa Loodin:

“There is no reason to make the same discovery twice if through collaboration, we can share the best ideas for the benefit of all.”

## **Catheters**

The debate about the use of urinary catheters was an important part of the Prohip project and, according to Ami Hommel, a good opportunity to assess own routines as well as those of others.

“In Sweden we prefer not to use indwelling urinary catheters, but the decision depends on the needs of the individual patient. If a urinary catheter is used for a patient, it must be removed as soon as possible and preferably within 24 hours. In the case of an elderly and confused patient with a hip fracture who needs scanning and intermittent catheterization several times a day in order to empty the bladder, it almost feels like you are violating the patient. In this case, it is better to insert



As a representative of the region, I must say that the integration work is extremely important; that we don’t just keep to ourselves. We should all aim to do things better in the future; that is why collaboration and the ability to share experience are so important.”



an indwelling catheter until the patient has undergone surgery and is able to go to the lavatory.”

As mentioned elsewhere in this booklet, the Swedish practice in this area has inspired the Danish project participants to rethink their way of doing things.

Conversely, the project participants from Skåne found inspiration in the good exercise facilities provided to the patients at the orthogeriatric ward at Slagelse Hospital.

Åsa Loodin:

“In Sweden we are very focused on discharging the patients to their home, but good exercise is important for this particular patient group, and as we have seen, there are good opportunities for this at Slagelse Hospital.”

A minor challenge in this connection may be to help the patients understand what *exercise* actually is. In this respect, a website like Prohip.eu will be extremely useful for showing the patients videos of training programmes.

### **Teaching**

Ami Hommel is looking forward to using the website in connection with the instruction of hip fracture patients and their relatives:

“On the website, patients and their relatives can find information in the form of texts and video clips. Providing information on the web is a good thing, but it is vital that the information is correct and up to date. The content must be thoroughly researched and correct in every detail.”

“It is important to remember that what is true one year may not necessarily be true three years later. So updating the website is extremely important.”

### **Great perspectives**

E-health concepts are gaining ground across the world. The Swedish project participants emphasise Danish wound treatment using telemedicine and in this connection the efforts of Rolf Jernes, Doctor of Medicine. The hospital can monitor a patient's wound on the Internet, thus reducing the need for patient transport between home and hospital. Online consultations with doctors are used in Northern Sweden due to the long distances; midwives, for instance, can regularly follow newborn babies via a computer camera.

Ami Hommel sees great potential in using the Internet in the case of elderly patients:

“Imagine an elderly patient with dementia. If, for instance, nursing staff at a nursing home has questions about rehabilitation, a wound, etc., they can consult the doctor or nurse via a camera, thus reducing the need for transporting the elderly patient back and forth between nursing home and hospital. Online consultations could help prevent citizens with dementia from being confused for several days.”

In Lund, patients are offered mobile x-ray. The x-ray clinic brings the necessary equipment to the patient's home, and the x-ray photographs are sent to the hospital while the patient stays at home.

Patients of the future will undoubtedly be well informed. Heléne Månsson has already experienced this: “I often feel this when talking to someone on the phone saying that they have found text information or pictures. Then they already know what we are talking about.”

### **Language!**

The Prohip project has opened the door to a wealth



of new experience for the participants, including the fact that although people from Zealand and Skåne live almost side by side, the language barrier should not be ignored.

Ami Hommel:

“There is a language barrier, not only for the patients but also for the staff. In my experience you should be prepared for language barriers when you participate in a project, and I believe that efforts should be made to ensure that people understand one another.”

Skåne University Hospital in Lund has been a pioneer in Sweden of the early treatment of hip fractures. When a citizen has a hip fracture, she meets a specially trained nurse, who makes the first preparations already in the ambulance. Or put in another way, the emergency room has moved out to the scene of the accident. Today, all Swedish hospitals offer this rapid response.

Rapid response and surgery are important. In 2007, a dissertation by Ami Lund showed that surgery within the first 24 hours is very important. If the patient has surgery after this time, restitution will be delayed by two days, and the negative curve is proportional. To this should be added more complications and a higher mortality rate.

*From front: Ami Hommel, Heléne Månsson,  
Åsa Loodin and Annicka Westrin.*







# Small steps

The nurses have  
expanded their  
competencies





# Small steps towards changing practice

“Working with the Swedish participants and comparing practices has been a valuable experience. In an area such as nutrition, we happened to be facing the same challenges and sharing the same views. At the onset of the project we didn’t think that the elective patients had a nutritional problem, but after working with the project we changed our view on that.”

Says Birte Kristensen, who is head nurse at the elective orthopaedic surgery unit at Næstved Hospital. Together with a group of colleagues from her department she participated in most of the focus areas: pressure ulcers, nutrition, confusion, urinary retention and rehabilitation. However, during the latter part of the project, her focus was on nutrition and rehabilitation as this made most sense for the patient category. Now, after having worked with the project for three years, Birte Kristensen clearly appreciates that working with the problems, reading articles and making various pilot tests in the department have led to changes in practice by way of many small measures.

“The nurses have expanded their competencies by reading scientific articles and applying the knowledge gained. It was characteristic of the nutrition area that

not very many useful scientific articles existed about the nutrition of elective patients. The most useful article was about patient involvement and information, and to a large extent this article formed the basis of much of our effort,” says Birte Kristensen.

The results of the project have been presented to the department’s staff that have been involved on an ongoing basis and participated in various pilot tests and suggested improvements:

“The project has contributed to changing the staff’s understanding of the difference between what we thought we were doing and what we actually did. It also gave the staff a sense of ownership of the improvements brought about by the project.”

## **New treatment methods**

Prior to Prohip, the following and similar statements prevailed among the staff:

- These patients are ‘healthy’ persons who eat enough
- We serve protein shakes to all patients
- This patient group does not have a nutritional problem



“When we compared the number of patients and the number of protein shakes we thought were given with the number we had actually ordered, we quickly realised that we ordered far too few,” says Birte Kristensen.





Yet when we focused on the area, the reality turned out to be different. The question asked was: *Is the diet of elective hip alloplastic patients sufficiently nutritious in terms of energy and protein?*

A pilot test, in which the diet of 20 randomly assigned hip patients was registered, showed that the patients' energy-protein intake was far from sufficient. Moreover, it quickly became clear that far from all patients were given the protein shakes.

"When we compared the number of patients and the number of protein shakes we thought were given with the number we had actually ordered, we quickly realised that we ordered far too few," says Birte Kristensen.

As a result, we adjusted our orders of protein shakes and made reminders for ourselves that patients should be given three daily protein shakes.

### Targeted information

"In addition, on the basis of the experience gained, we made efforts to provide targeted information in connection with the pre-operative assessment and information meeting. Samples and recipes of protein shakes were given to the patients and they were urged to take a more proactive approach," says Birte Kristensen.

Having launched these measures, we repeated the diet registration test and it showed a huge improvement. For example, the first test, made the day after the surgery, showed that six out of 20 had a sufficient protein intake. The second test showed that 16 out of 19 had a sufficient protein intake.

Regarding energy intake, the improvement was just as notable. Here, the first test, made the day after the surgery, showed 10 out of 20, while the second test showed 16 out of 19. Thus, the improvement measures made a difference.

"Even if the patients are fairly healthy and have not previously suffered a major weight loss, it is imperative that their nutrition in the form of energy and protein intake is sufficient in the period up to and, in particular, after the surgery. This provides the best conditions for wound healing and rehabilitation," says Birte Kristensen

### Focus on fasting

The department has subsequently focused on the fasting period and its inconvenience to the patient. An interdisciplinary collaboration between a dietician, a student dietician and an anaesthesiologist led to a change of routines concerning the fasting period. The patients are now given carbohydrate-rich beverages in the last 24 hours prior to surgery in order to reduce any inconvenience in connection with fasting.

"Fasting is to a great extent characterised by routines and tradition that are very difficult to change. However, we have managed to introduce small changes to ease the inconvenience of fasting and in this way accelerate the rehabilitation of patients after surgery."

To round off the project, the elective orthopaedic surgery unit at Næstved Sygehus has tested the staff's knowledge of and the priority given to nutrition. The data from the first test is being assessed now. Two teaching sessions have been held with a dietician, which go into detail with the background knowledge for the improvement measures launched during the project. After the teaching sessions, the test will be repeated.



According to Birte Kristensen, the department's participation in Prohip has led to a number of improvement measures and a focus on nutrition, which would not otherwise have been the case:

“Together, the many small measures have made a difference and where possible, they are all based on evidence or best practice. Dealing with the area has uncovered a need for more research into nursing care. So there is still a lot of ground to cover.”

#### **Well-informed patients**

Birte Kristensen welcomes the e-health concept and the patients' access to valuable information before and after surgery:

“Nowadays, the patients or their relatives are extremely good at searching information.”

During Prohip, the department focused on hip replacement patients.

The elective orthopaedic surgery unit at Næstved Hospital is specialised in the replacement of knees and hips.

The five focus areas under Prohip were:

- Pressure ulcers
- Nutrition
- Rehabilitation Confusion
- Urinary retention



*“At the onset of the project we didn't think that the elective patients had a nutritional problem, but after working with the project we changed our view on that,” says Head Nurse Birthe Kristensen*



# The challenge

We have developed  
and strengthened our  
professional skills





# “We have been challenged”

The meeting of two countries and the collaboration with the project participants from University College Zealand have clearly posed challenges to the involved hospital departments in Lund, Slagelse and Næstved.

Tine Kjøller Varmarken, Development Nurse at the geriatric ward at Slagelse Hospital, cannot conceal her enthusiasm over the project:

“Our usual routines were questioned when we met the other project participants. In particular, meeting our Swedish colleagues has provoked us to strengthen our focus on the way we work, and that is great.

Together with the rest of the team from the geriatric ward at Slagelse Hospital, Tine Kjøller Varmarken has worked with the five focus areas: pressure ulcers, nutrition, confusion, urinary retention and rehabilitation.

The nurses have improved their competencies with the aim of ensuring an improved and more evidence-based treatment of hip fracture patients aged 65+. The process has had an impact on the culture at the geriatric ward.

“The nurses at the geriatric ward have been trained to investigate whether there is scientific evidence for a certain treatment. The nurses have been taught how to challenge the daily routines and to take a proactive approach to the most recent knowledge in the area,” says Britta Hørdam, Project Manager of Prohip.

## **New treatment methods**

The competence development process has led to several new treatment methods for hip fracture patients. Thus, indwelling catheters have replaced intermittent catheters.

Development Nurse Tine Kjøller Varmarken:

“There has been a sort of phobia about indwelling catheters because they were believed to cause more urinary infections than intermittent catheters. During Prohip we investigated whether this assumption was scientifically founded, and it turned out not to be. Indwelling catheters do not cause more urinary infections than intermittent catheters.”

“To this should be added the inconvenience to the patient of being scanned regularly to check whether any urine is stored in the bladder. This is a necessary procedure when using intermittent catheters. The patient will have to be disturbed several times during the night, and since many patients are elderly and frail, the last thing they need is to have their sleep interrupted. What they do need is peace and quiet to be able to regain their strength.”

The transition to indwelling catheters does not appear to have caused any increase in the number of infections, and indwelling catheters may even be more economical.

Based on the most recent research, a guarantee that surgery will be performed within 24 hours has been introduced to ensure that patients do not have to wait



*Development Nurse Tine Kjøller Varmarken.*

so long and end up in a state of confusion. This target is met in 98% of the cases, and the problems of confusion have been significantly reduced.

However, not only the patients have benefited from the ward's participation in Prohip. Tine Kjøller Varmarken fully supports Project Manager Britta Hørdam's observation of a cultural change in the ward:

“We have learned to take a critical approach and not just do what we usually do. Since we now have scientifically valid arguments, our work suddenly makes more sense. We no longer feel that things are forced on us. We have developed and strengthened our professional skills.”



Tine Kjølner Varmarken has decided to go on investigating the urinary retention problems of elderly and frail hip fracture patients. She is now doing a master's degree in clinical nursing at Aarhus University.

As a result of Prohip, several nurses at the geriatric ward at Slagelse Hospital have made inquiries about the possibility of taking a diploma in order to further expand the competencies they have gained in connection with the project.

The geriatric ward deals with diseases related to old age. The ward has a separate unit for hip patients – the orthogeriatric ward.

The objectives of Prohip are, among others, to develop the competencies of nurses, to develop the bachelor programmes in nursing, and to increase collaboration and job opportunities in the regions of Zealand and Skåne.

” The nurses at the geriatric ward have been trained to investigate whether there is scientific evidence of a certain treatment. The nurses have been taught how to challenge the daily routines and to take a proactive approach to the most recent knowledge in the area”





# Teaching

It's great to have  
produced something that  
really hits home out there





*Katrine Schou, Katrine Pedersen and Mia Olsen used Prohip in their bachelor thesis. They achieved top grades.*



# Prohip has left its mark on teaching

Prohip has clearly left its mark on teaching at University College Zealand.

During the project a group of students have developed clinical guidelines for good practice in the rehabilitation of hip replacement patients.

University College Zealand has transferred the method for developing clinical guidelines to the optional module *Evidence-based nursing – clinical nursing research*, and in their bachelor thesis, three newly qualified nurses, Katrine Schou, Mia Olsen and Katrine Pedersen, recommend new guidelines for the prevention of urinary retention in connection with hip surgery.

The students have made a critical evaluation of the daily routines and examined whether it is possible to base future interventions on scientifically documented research.

## **Strong interest**

The thesis by the three nurses has already aroused nationwide interest. Both Odense University Hospital and Rigshospitalet (the Danish national university hospital)

have expressed an interest in the thesis and Katrine Schou, Mia Olsen and Katrine Pedersen have been invited to present their results at a national conference on orthopaedic surgical nursing.

The three nurses have thoroughly reviewed studies of urinary retention, which is a highly relevant area because urinary problems and a distended bladder increase the risk of infection.

“Together with the orthopaedic surgery unit at Næstved Hospital we have investigated whether there exists scientific evidence for certain methods of treatment used for hip patients. Based on this we have established guidelines for a specific method for preventing infections and urination problems in hip surgery patients. Our results have actually led to a change of practice at Næstved Hospital. It’s great to have produced something that really hits home out there,” says Katrine Schou.

## **Exciting opportunity**

The three nurses agree that the optional module *Evidence-based nursing – clinical nursing research* provided a good opportunity for professional development.



Society and the health-care area increasingly require professional evidence of the work we do, and we saw it as an exciting challenge to be able to dig into the investigations made in the area.”



Mia Olsen:

“Society and the healthcare area increasingly require professional evidence of the work we do, and we saw it as an exciting challenge to be able to dig into the investigations made in the area.”

One of the challenges was to work with statistics, which was necessary to interpret the results derived from the thesis. The three nurses had to rely on support from *Centre for Clinical Guidelines* and from students and teachers at the physiotherapist education programme, where statistics form part of the curriculum.

Subsequently, Katrine Schou, Mia Olsen and Katrine Pedersen have recommended the management at the nursing education programme to include statistics in the nursing curriculum:

“If you want to make a systematic review, then there is no way you can avoid statistics in your work,” says Katrine Pedersen.

### **Competence enhancement**

Bettan Bagger, Senior Lecturer at the nursing education programme, emphasises the enhancement of the students’ competencies:

“The effectiveness of the methods used by nurses must to an increasing extent be documented; hence the requirements for the nurses to have insight into the methods used in the assessment of treatment effectiveness. During the Prohip project we have developed ways to strengthen the nurses’ research and development competencies, and these methods are now being incorporated into the nursing education programme in order to strengthen the competencies of student nurses.”

In Bettan Bagger’s view, it has been an eye-opener for the students to look so closely at clinical practice as Mia Olsen, Katrine Pedersen and Katrine Schou have:

“The students have been in the clinical practice and at the same time we have been able to draw on the hospital staff for the benefit of teaching at the nursing education programme. This has added authenticity to our teaching.”

### **The students will go far**

The three newly qualified nurses achieved top grades for their bachelor thesis, and Kim Petersen, Head of the Nursing Programme at University College Zealand, is not only enthusiastic about the performance of the three students but also about the fact that Prohip contributed to the development of the educational programmes at the college:

“We have a group of students who will go far and who will contribute to the innovation of practice. We want to focus on these students, and we do it by offering an optional module in which they can help develop clinical guidelines.”

Bettan Bagger hopes that University College Zealand’s reputation will spread: “It is important to signal that we are good at challenging the talented students.”

One way to increase our reputation is to have teachers, students and graduates spreading the word about our efforts:

“Moreover, researchers could be attached to the projects, for instance, by letting a PhD student work with the students. For years, we have talked about how to link theory with practice, and now it really happens,” says Kim Petersen, Director of Nursing Education.

Mia Olsen, Katrine Schou and Katrine Pedersen handed in their bachelor thesis on 3rd January and defended it on 18th January.

They all have jobs now. Mia Olsen works at the emergency department and Katrine Pedersen at the urology department at Herlev Hospital, while Katrine Schou has a job at the haematological department at Roskilde Hospital.



We have a group of students who will make it far and who will contribute to the innovation of practice. We will focus on these students, and we do it by offering an optional module in which they can help develop clinical guidelines.”



*Bettan Bagger,  
Senior Lecturer*



*Kim Petersen,  
Head of Training*



REGION  
Sjælland





# The citizens

The website may  
contribute to enhancing  
the patients' quality of life







*Bettan Bagger, Senior Lecturer at  
the nursing education programme.*



*Kim Petersen,  
Director of Nursing Education*



# Digital access to the citizens

A main element of Prohip is the establishment of a website providing important information to patients, relatives and healthcare professionals.

The website has been developed by University College Zealand's department for *Technology and Method*, which supports a number of e-learning projects and web-based solutions for the educational sector.

The department has been key to the development of a pioneering educational concept – *UCSJ Learning* – which draws on the most recent technological development in the teaching at University College Zealand's campuses.

## **Welfare of the future**

Kim Petersen, Director of Nursing Education, sees digital access as one of the keys to the welfare of the future:

“University College Zealand covers a huge geographical area. Consequently, we strive to utilise digital opportunities in order to get closer to the students. The competencies that we use in our own organisation are also beneficial to a project such as Prohip, where the key target groups are not University College Zealand's stu-

dents and teachers but patients, relatives and healthcare professionals.”

According to Bettan Bagger, Senior Lecturer at the nursing education programme, it cannot be ruled out that some citizens still hesitate to seek information on the Internet, but she sees a clear tendency towards an increasing number of patients finding it natural to look for information on a website such as [www.prohip.eu](http://www.prohip.eu)

“Those who hesitate to use the Internet can find help elsewhere. For example, we know that the Danish organisation for the elderly, Ældre Sagen, and the patient associations make great efforts to help their members.”

“In some cases, a well-functioning website with useful information can replace meetings which would involve lengthy transport times for patients. The website can be of value to patients because they can find answers to many of their questions.”

## **Respect for reality**

IT Consultant Lasse Højer-Pedersen from *Technology and Method* has developed the website:

“We have aimed to create a simple website with several access points to enable patients or healthcare professionals to click their way to relevant information. Simplicity is important.”

The website was developed in close collaboration with Physiotherapist Dorthe Varming Poulsen from University College Zealand's *Development Centre for Health, Nutrition and Learning*. Dorthe Varming has been the link to a group of elderly who contributed to ensuring the high quality of the website:

“They provided us with good feedback and their advice was vital for us to do a good job.”

Lasse Højer-Pedersen:

“A close dialogue with the users is key to such a project. As an IT expert you may be able to make a website that appears to be well-functioning to you, but if the target group does not agree then it is worthless. It's important to respect reality.”



# What do the citizens say?

What would it be like to have a surgery in another country? How do you tackle the language barriers, and what about transportation and post-discharge treatment?

Many questions pop up when citizens want to cross borders to take advantage of the free choice of hospitals in the EU.

You can find answers to most of these questions on the Prohip website: [www.prohip.eu](http://www.prohip.eu)  
The website provides information about waiting times, treatment procedures, rehabilitation and other important information for citizens about to undergo hip surgery.

But do elderly citizens consider using the Internet to search for information?

To Inge Find, Skælskør, western Zealand, there is no doubt:

“When you are going through something like this and you have access to a computer, then you will read everything time and again until you nearly know it by heart.”

“This will make you more comfortable, and you know that when you enter the healthcare system you are up to

date on the entire process. I believe that this gives one a peace of mind during the process.”

*What would it be like to cross the border for surgery?  
What opportunities and barriers do you envisage?*

“If I was going to Sweden or Germany for surgery I would bring along one of my relatives for support.”

One of the objectives of Prohip is to develop an e-health concept to give patients and relatives easy access to information about hip surgery. In the EU, efforts are being made to increase the flexibility of the countries' systems for the citizens.

If you want to know more about the rules and regulations governing the area, or if you need information about your rights in the healthcare system, please contact one of the patient counsellors in Region Zealand. In Region Skåne you can find information on the Internet, on the website [www.1177.se](http://www.1177.se) or you can call 1177 for around the clock advice. In the future it will be possible to find relevant information about hip surgery at the Prohip website.



“When you are going through something like this and you have access to a computer, then you will read everything time and again until you nearly know it by heart.”

*Inge Find is one of the citizens asked about the need for communication between the hospital and the citizens.*







# A life changer

From a life full of  
pain to an active life  
full of joy







# You can't imagine how much life changes

Randi Lykke Winberg had a hip replacement and got a new and active life.  
A patient story.

“It started with pain when I made any effort, when I was getting up and things like that. My GP examined me and said that there were indications of osteoarthritis in the hip. I was referred to the x-ray department, which confirmed that I had osteoarthritis. My GP prescribed osteoarthritis treatment and pain killers – just paracetamol supplemented with osteoarthritis medicine.”

“This went on for some time, but I still had pain and it became worse and worse. I returned to my GP and asked him to do something.”

“I couldn't sleep at night. Every time I moved I would wake up. When I went downstairs at home I almost had to go backwards. When I got up from a chair my arms had to bear my entire weight. I could hardly walk anymore and I had to give up driving the car because I couldn't press the clutch in. When getting into the passenger seat, I had to lift my leg in.”

“I couldn't go to parties anymore, or... of course I could, but it wasn't any fun just sitting down the whole evening. I couldn't dance at all... I couldn't do anything; it was depressing.”

## **The doctor's assessment**

The GP refers Randi to the hospital for an assessment of whether surgery is the best solution. If surgery is required, the doctor will make a pre-operative assessment, review the x-ray photos and inform Randi about the surgery.

The doctor concludes that surgery is the best solution; blood samples and x-ray photos are taken and Randi is briefed about the surgery.

## **Before surgery**

The nurse informs Randi about the course of the surgery. Successful surgery requires that the patient receives the right nutrition. Therefore, the nurse hands out a folder about a proper diet.



I couldn't go to parties anymore, or ... of course I could, but it wasn't any fun just sitting down the whole evening. I couldn't dance at all... I couldn't do anything; it was depressing.”









I had my surgery three months ago and I have become a new person. I do not have pain anymore and I can move without pain.



### **Information meeting**

After the pre-operative assessment Randi is summoned to an information meeting together with other patients who will be undergoing the same type of surgery. At the meeting, the nurse, the physiotherapist, the doctor and the anaesthetic nurse brief the patient about the course of the surgery and about how the patient can contribute to successful surgery.

At the information meeting the patient can ask questions about the surgery. This information is also available at the Prohip website.

### **The day of surgery**

On the day of the surgery, the patient must arrive in hospital with an empty stomach. Waiting time may occur so sometimes the time of the surgery may change. If everything proceeds as planned, the patient will be picked up at the ward by a porter who will take her to the operating theatre. To avoid any mistakes, the patient will be asked several times about her name and personal identification number.

After the operation, the patient wakes up in the recovery

room. When the patient has recovered safely from the anaesthetic the porter will take her back to the ward.

### **Back on the ward**

After the operation the nurse will make sure that the patient gets enough to eat and drink and can go to the lavatory. The nurse will also make sure that the patient receives painkillers if necessary.

### **Rehabilitation**

Rehabilitation begins on the day of surgery; the nurse will help the patient sit upright on the edge of the bed. The physiotherapist will make exercises with the patient, who will be able to walk around with crutches and practice on stairs during the next few days. Painkillers may be prescribed if necessary for doing the exercises. If everything proceeds according to plan, the patient is discharged two or three days after the operation.

The clips used to close the wound are usually removed after two weeks. This may be done by a nurse at the hospital or by a district nurse in the patient's own home.

To ensure smooth post-operative recovery and that the

patient returns to a good everyday life, the nurse will call the patient three weeks after the operation. She will ask questions about how the patient is doing, if she is having pain, and if there are everyday challenges that cannot be overcome. This is to ensure a higher quality of life for the patient.

“I had my surgery three months ago and I have become a new person. I do not have pain anymore and I can move without pain. The local authorities arranged for my re-habilitation. In fact, my rehabilitation started just a few days after I was discharged. It has been fantastic. I participated in a recovery programme twice a week for three weeks and when the programme was completed there was actually nothing I couldn't do. I could climb the stairs and put on my own shoes.”

“You can't imagine how much my life has changed after I had that hip replacement.”





# Collaboration

We can't have too much  
collaboration across the  
Oresund









# We can't have too much collaboration

The integration across the Oresund may not have proceeded as fast as predicted a few years ago, but in the view of Steen Bach Nielsen, Chairman of the regional council, integration is more important today than ever:

“Right now we are investigating whether we can bring the regional and local authorities in the Oresund region together to ensure a sustainable metropolis under the Copenhagen brand. The metropolis will be competing with cities like Stockholm, Berlin and Hamburg, and if we are to succeed, we must be good at crossing boundaries in more than one sense and think in large entities.”

“We must also ensure that the government recognises that Denmark has only one capital. The government needs to contribute to uniting all the positive forces to expand our capital into becoming a power centre for the entire country. This is a significant prerequisite for ensuring that Copenhagen Airport becomes a hub for international connections. With the rescue of SAS, this is still possible.

Steen Bach sees Prohip as a good example of a project that expands the competencies and contributes to growth:

“We need a lot of projects like this to enhance competencies and eventually create development and jobs.”

According to the chairman of the regional council, it is a matter of obtaining qualifications through skills development:

“In the future, our patients will increasingly travel for the best treatment. Ringsted Hospital is a good example. Women with breast cancer know that the best doctors for this type of operation work in Ringsted, and as a region it is our job to ensure that we are among the best within the various medical specialities.”

## **How do you envisage the patient of the future?**

“Acceptance of authority will soon be a thing of the past. Metaphorically speaking, doctors are being knocked off the pedestal and patients are less on their knees. Patients of the future will undoubtedly be more demanding and we want to accommodate them with high quality and support them in their desire to take more responsibility for their own health. Therefore, projects such as Prohip are welcome because they enable the healthcare sector to provide patients and rela-



*Steen Bach Nielsen, Chairman of the regional council.*

tives with detailed information and because patients can prepare for an upcoming operation.”





# A unique example

From wonder and  
scepticism to creativity  
and development







# A unique example

Prohip is a unique example of a project in which all the objectives of education policy have been met. The collaboration with and contact to the target group have been close. An interdisciplinary approach has been prominent. The basic education has contributed to the development of the profession, and we have seen bachelor projects using Prohip as a launch pad.

Two worlds met each other in this project. The everyday routines at a hospital department typically involve short-term targets to be met when ensuring that the patient receives the right care. On the other hand, University College Zealand can take a more long-term view in a project such as Prohip.

When two worlds – the clinical and an educational institution – meet, and when two countries – Denmark and Sweden – join forces, it may bring about wonder and scepticism. But in the next phase, wonder and scepticism translate into creativity and development. It is good to be confronted with other ways of doing things. This is how we move on.

## Let me give you three examples:

- When Prohip demonstrates that the occurrence of pressure ulcers is not higher in Sweden although they use ordinary mattresses for the patients, then it is a signal to us in Denmark to investigate whether unnecessary resources are spent on expensive speciality mattresses.
- When Prohip demonstrates that there may be a need to manage the intake of protein shakes more effectively, then it may improve the condition of the patients.
- When Prohip challenges the use of catheters and suggests more sensible guidelines, then it may lead to a less stressful stay for the patients.

As Rector of University College Zealand, I am very pleased to see the activity triggered by Prohip.

I could point out many good results of the project. One of them is that three newly qualified nurses in their bachelor thesis recommended new guidelines for the

prevention of urinary retention in connection with hip surgery. Now, the students have been invited to a national conference to present the results of their project.

The efforts of the three students are an excellent example of how theory and practice are combined for the benefit of the development of our welfare society. The bachelor thesis can form the basis for further research and therefore fully reflects the role of our college in educating nurses that may be the researchers of tomorrow.

Prohip has motivated nurses to consider taking health-care diploma degrees. Several nurses have embarked on master's programmes, and a preparatory course for a PhD programme based on welfare and healthcare-technological solutions has been established. In many ways, Prohip has stimulated a strong professional development. It has been a pleasure to follow the project.

Ulla Koch  
Rector  
University College Zealand



# Prohip partners

Lead Partner: University College Zealand  
The orthopaedic clinic at Skåne University Hospital, Lund and  
the orthopaedic surgery departments at the hospitals of Næstved, Slagelse  
and Ringsted, Region Zealand

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Niels Pedersen, Senior Nursing Officer

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Gitte Sonne, Senior Nursing Officer

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**The participants in the Prohip project are distributed on the five focus areas**

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[www.prohip.eu](http://www.prohip.eu)





Text: Carsten Sivertsen, PR Konsortiet

Photos: Peter Jarvad

Graphical design: Janne Hammer, Hammer Design

Printing: Trykteam

Circulation: 1,000 copies in Danish, 500 in Swedish and 500 in English

Published: March 2013





As Lead Partner of the project, University College Zealand would like to express its gratitude to all individuals and institutions who have contributed to the success of Prohip.

